

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879) | | | | | | | SERIAL NO. | | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|------|-----|------|
| | | | | | | | APPLICANT(S) | | | | | |
| | | | | | | | CLAIMS | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | NO. | DEF. | NO. | DEF. | NO. | DEF. |
| | NO. | DEF. | NO. | DEF. | NO. | DEF. | | | | | | |
| 1 | | | | | | | 61 | | | | | |
| 2 | | | | | | | 62 | | | | | |
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| 50 | | | | | | | | | | | | |
| TOTAL NO. | 5 | | | | | | TOTAL NO. | | | | | |
| TOTAL DEF. | 47 | | | | | | TOTAL DEF. | | | | | |
| TOTAL | 52 | | | | | | TOTAL | | | | | |

Best Available Copy